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## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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Application Number	10/755,620				
Filing Date	January 12, 2004				
First Named Inventor	H. Joshua SCHREFF				
Title	Self-contained temperature				
Art Unit	UNKNOWN				
Examiner Name.	UNKNOWN				
Attorney Docket Number	89287.0003	_			

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~	Firm or Individual Name		Michael L. Crapenho	oft, Attorne	y at Law						
Address 3352 Bennett Drive											
	City		Los Angeles			S	tate	CA		Zip 90068	
	Country		USA			1 =					
l <u>am</u>	Telephone		(323) 878-0229			F	ax				
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SIGNATURE of Applicant or Assignee of Record											
Signa	ture	//	In Mi		•				Date	9/28/04	
Name	· N	/lassimi	liano Rizzi						Telephone	310 271 623	17
Title and Company VP Shinking											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
>	*Total of 2		forms are submitted.								

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## **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/755,620	
Filing Date	January 12, 2004	
First Named Inventor	SCHREFF, H. Joshua	
Art Unit	UNKNOWN	
Examiner Name	UNKNOWN	
Attorney Docket Number	89287.0003	

I hereby revoke all pro	evious powers of attorney given	in the	above-id	dentifie	ed apr	olication	
I hereby revoke all previous powers of attorney given in the above-identified application.  A Power of Attorney is submitted herewith.							
OR  I hereby appoint the practitioners associated with the Customer Number:							
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  OR							
Firm or Individual Name	Michael L. Crapenhoft						
Address	3352 Bennett Drive						
City	Los Angeles .	State	CA		·	Zip	90068
Country	USA						
Telephone	(323) 878-0229		Fax				
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature Mula May.							
Name Massimiliano Rizzi							
Date 9/28/04 Telephone 3/3 273 6297							
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I hereby appoint:		_				
Practitioners associated Number:	with the Customer				,	
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Michael L. Crapenhoft			37	7,115		
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Address	3352 Bennett Drive					
City	Los Angeles	State	CA		Zip 90068	
Country	USA					
Telephone	(323) 878-0229	Fax	<u> </u>		····	
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	SIGNATURE of Applican	nt or Assigne	e of Record			
Signature	AL XIVI			Date	9-28-04	
<del></del>	ua Schreff			Telephone	= 1925-785-94n	
Title and Company CHAINAN & CE						
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	ney is submitted herewith.						
OR ☐ I hereby appoint	OR  I hereby appoint the practitioners associated with the Customer Number:						
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:							
Firm or Individual Name	Michael L. Crapenhoft						
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SIGNATURE of Applicant or Assignee of Record							
Signature							
Name H. Joshula Schreff							
Date 9-28-04 Telephone 425-785-9410							
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